



PRIVACY ACT RELEASE FORM Federal Employee Concerns

Name of Federal Employee: _____

Address

Contact Information

Work: _____
Home: _____
Mobile: _____
Email: _____

Employing Federal Agency: _____

Social Security Number: _____

Retirement: Are you CSRS or FERS?: _____ CSA #: _____

Filed for Retirement OR Disability Retirement?: _____ Date: _____

Personnel Concerns: Have you filed a complaint? If so, with which agency? _____

Describe briefly the circumstances that led to your complaint: _____

Have you contacted another congressional office? If so, who? _____

Signature: _____ Date: _____

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. By signing this form, you agree to allow information related to your concern to be released to the Office of Congressman Frank M. Kratovil, Jr.

Please Mail or Fax to:

Congressman Frank M. Kratovil, Jr.

202 South Main Street

Bel Air, MD 21014-3820

(410) 420-8822

(410) 420-8825 (fax)

*Feel free to attach additional documents, comments, or information to this form.